

# EXHIBIT 1

Visited EEOC  
no file complaint

Broad Financial Center

d littlejohn

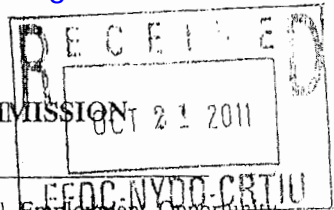
10/21/2011

USA - EEOC

1101



# U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION INTAKE QUESTIONNAIRE



Please immediately complete this entire form and return it to the U.S. Equal Employment Opportunity Commission ("EEOC"). **REMEMBER**, a charge of employment discrimination must be filed within the time limits imposed by law, within 180 days or in some places within 300 days of the alleged discrimination. When we receive this form, we will review it to determine EEOC coverage. Answer all questions completely, and attach additional pages if needed to complete your responses. If you do not know the answer to a question, answer by stating "not known." If a question is not applicable, write "N/A." (PLEASE PRINT)

## 1. Personal Information

Last Name: Littlejohn First Name: Dawn MI: Frances  
 Street or Mailing Address: 253 W. 122nd Street Apt or Unit #: 1  
 City: New York County: NY State: NY Zip: 10027  
 Phone Numbers: Home: (917) 475-1370 Work: (212) 341-2550  
 Cell: (347) 504-5653 Email Address: tragic9@yahoo.com  
 Date of Birth: [REDACTED] 64 Sex: ☐ Male ☒ Female Do You Have a Disability? ☐ Yes ☒ No

Please answer each of the next three questions. i. Are you Hispanic or Latino? ☐ Yes ☒ No

ii. What is your Race? Please choose all that apply. ☐ American Indian or Alaskan Native ☐ Asian ☐ White  
☒ Black or African American ☐ Native Hawaiian or Other Pacific Islander

iii. What is your National Origin (country of origin or ancestry)? Trinidad, West Indies

Please Provide The Name Of A Person We Can Contact If We Are Unable To Reach You:

Name: Eileen Paul Relationship: Mother  
 Address: 1900 Lexington Ave City: NY State: NY Zip Code: 10035  
 Home Phone: [REDACTED] Other Phone: [REDACTED]

## 2. I believe that I was discriminated against by the following organization(s): (Check those that apply)

☒ Employer ☐ Union ☐ Employment Agency ☒ Other (Please Specify) Agent of employer

Organization Contact Information (If the organization is an employer, provide the address where you actually worked. If you work from home, check here ☐ and provide the address of the office to which you reported.) If more than one employer is involved, attach additional sheets.

Organization Name: Administration for Children's Services  
 Address: 150 William Street County: New York  
 City: NY State: NY Zip: 10038 Phone: (212) 341-0900  
 Type of Business: Government Job Location if different from Org. Address: \_\_\_\_\_  
 Human Resources Director or Owner Name: Janet Subirzi Phone: (212) 341-2501  
\*Deputy Commissioner Don Brosen (212) 341-0900 (main #)  
 Number of Employees in the Organization at All Locations: Please Check (✓) One  
☐ Fewer Than 15 ☐ 15 - 100 ☐ 101 - 200 ☐ 201 - 500 ☒ More than 500

## 3. Your Employment Data (Complete as many items as you are able.) Are you a federal employee? ☐ Yes ☒ No

Date Hired: 4/27/09 Job Title At Hire: Director of EEO/EEO office (Administrative Staff Analyst m)  
 Pay Rate When Hired: 93,600 Last or Current Pay Rate: 97,300

2/12/11 Job Title at Time of Alleged Discrimination: Asst to Director of Employee Relations Date Quit/Discharged: \_\_\_\_\_

Name and Title of Immediate Supervisor: Amy Baker, Chief of Staff to Commissioner

If Job Applicant, Date You Applied for Job \_\_\_\_\_ Job Title Applied For maternity

## 4. What is the reason (basis) for your claim of employment discrimination?

FOR EXAMPLE, if you feel that you were treated worse than someone else because of race, you should check the box next to Race. If you feel you were treated worse for several reasons, such as your sex, religion and national origin, you should check all that apply. If you complained about discrimination, participated in someone else's complaint, or filed a charge of discrimination, and a negative action was threatened or taken, you should check the box next to Retaliation.

☒ Race ☐ Sex ☐ Age ☐ Disability ☐ National Origin ☐ Religion ☐ Retaliation ☐ Pregnancy ☒ Color (typically a difference in skin shade within the same race) ☐ Genetic Information; circle which type(s) of genetic information is involved:  
i. genetic testing ii. family medical history iii. genetic services (genetic services means counseling, education or testing)

If you checked color, religion or national origin, please specify: Brown skinned Caribbean - African American

If you checked genetic information, how did the employer obtain the genetic information? \_\_\_\_\_

Other reason (basis) for discrimination (Explain): harassment due to complaining about discrimination

5. What happened to you that you believe was discriminatory? Include the date(s) of harm, the action(s), and the name(s) and title(s) of the person(s) who you believe discriminated against you. Please attach additional pages if needed.  
(Example: 10/02/06 - Discharged by Mr. John Soto, Production Supervisor)

A. Date: 3/13/11 Action: Involuntarily transferred and demoted to position in Personnel, Employee Relations - (please see attached)  
Name and Title of Person(s) Responsible: Amy Baker, Chief of Staff, Commissioning  
B. Date: \_\_\_\_\_ Action: \_\_\_\_\_

Name and Title of Person(s) Responsible \_\_\_\_\_

6. Why do you believe these actions were discriminatory? Please attach additional pages if needed.

Adverse action had nothing to do with legitimate business reason. No evaluation conducted - previous evaluation very good (though it reflected the period 4/09 - 12/09)

7. What reason(s) were given to you for the acts you consider discriminatory? By whom? His or Her Job Title?

Absolutely none. I was told that no reason was needed for managers. (See Attached)

8. Describe who was in the same or similar situation as you and how they were treated. For example, who else applied for the same job you did, who else had the same attendance record, or who else had the same performance? Provide the race, sex, age, national origin, religion, or disability of these individuals, if known, and if it relates to your claim of discrimination. For example, if your complaint alleges race discrimination, provide the race of each person; if it alleges sex discrimination, provide the sex of each person; and so on. Use additional sheets if needed.

Of the persons in the same or similar situation as you, who was treated better than you?

Full Name	Race, Sex, Age, National Origin, Religion or Disability	Job Title	Description of Treatment
A. <u>Maryann Selley</u>	<u>Black (African American)</u>	<u>Admin Staff Analyst</u>	<u>Involuntary transfer</u>
B. <u>Tonia Haynes</u>	<u>Black (African American)</u>	<u>Secretary</u>	<u>Former EEO Director of D.S.G. Involuntary transferred and placed in Secretary title</u>

(not aware now - would have to research.)



Of the persons in the same or similar situation as you, who was treated worse than you?

Full Name	Race, Sex, Age, National Origin, Religion or Disability	Job Title	Description of Treatment
A. Yvette Scott	African American - Black, Clerical Assoc		Demotion → 19-870,000 loss of pay
B. Inga Collozo	Latina (Hispanic, PAA)		Layoff

Other similarly situated were retained and titles changed - no other clerical associate received

Of the persons in the same or similar situation as you, who was treated the same as you?

Full Name	Race, Sex, Age, National Origin, Religion or Disability	Job Title	Description of Treatment
A. Mary Ann Salley (?)			Not aware at this time

B. Not aware at this time. I would have to research or records could be requested from agency

Answer questions 9-12 only if you are claiming discrimination based on disability. If not, skip to question 13. Please tell us if you have more than one disability. Please add additional pages if needed.

9. Please check all that apply:

- ☐ Yes, I have a disability  
☐ I do not have a disability now but I did have one  
☒ No disability but the organization treats me as if I am disabled - possible pretext for discriminatory acts.

10. What is the disability that you believe is the reason for the adverse action taken against you? Does this disability prevent or limit you from doing anything? (e.g., lifting, sleeping, breathing, walking, caring for yourself, working, etc.).

After asking the chief of staff not to speak to me so rudely - I later met with the Commissioner in my normally scheduled meeting and he said that I seemed "stressed" and that my shoulders seem up. I shared that was my normal body stance and that I even ran that way.

11. Do you use medications, medical equipment or anything else to lessen or eliminate the symptoms of your disability?

☐ Yes ☒ No

If "Yes," what medication, medical equipment or other assistance do you use?

12. Did you ask your employer for any changes or assistance to do your job because of your disability?

☐ Yes ☒ No

If "Yes," when did you ask? \_\_\_\_\_ How did you ask (verbally or in writing)? \_\_\_\_\_

Who did you ask? (Provide full name and job title of person)

n/a

Describe the changes or assistance that you asked for:

No assistance requested. Shared with Chief of Staff that I sought therapy for help to work through divorce and past domestic violence. Previous DC-Ann Williams from recommended her therapist who was located near the office.

How did your employer respond to your request?

I am not sure if Ms. Baker took a mental note of this and judged me. All that's obvious is her racial animus with respect to me and other minority staff in EEO Office.

13. Are there any witnesses to the alleged discriminatory incidents? If yes, please identify them below and tell us what they will say. (Please attach additional pages if needed to complete your response)

Full Name	Job Title	Address & Phone Number	What do you believe this person will tell us?
A. <u>Fiona Collazo</u>	<u>PAA</u>	<u>967 Kelly Street, #55</u> <u>Bronx, NY 10459</u> (will supply #)	<u>targeted and discriminated against because of Mrs. Baker's dislike of me and area of EEO</u>
B. <u>Yvette Scott</u>	<u>Clascal Associate</u>	<u>346 E. 146th Street</u> <u>Bronx, NY 10451</u>	<u>(Same as above)</u>

14. Have you filed a charge previously on this matter with the EEOC or another agency? ☐ Yes ☒ No

15. If you filed a complaint with another agency, provide the name of agency and the date of filing: n/a

16. Have you sought help about this situation from a union, an attorney, or any other source? ☐ Yes ☐ No

Provide name of organization, name of person you spoke with and date of contact. Results, if any?

No one other than my therapist and colleagues who encouraged to file charge

Please check one of the boxes below to tell us what you would like us to do with the information you are providing on this questionnaire. If you would like to file a charge of job discrimination, you must do so either within 180 days from the day you knew about the discrimination, or within 300 days from the day you knew about the discrimination if the employer is located in a place where a state or local government agency enforces laws similar to the EEOC's laws. If you do not file a charge of discrimination within the time limits, you will lose your rights. If you would like more information before filing a charge or you have concerns about EEOC's notifying the employer, union, or employment agency about your charge, you may wish to check Box 1. If you want to file a charge, you should check Box 2.

**BOX 1** ☐ I want to talk to an EEOC employee before deciding whether to file a charge. I understand that by checking this box, I have not filed a charge with the EEOC. I also understand that I could lose my rights if I do not file a charge in time.

**BOX 2** ☒ I want to file a charge of discrimination, and I authorize the EEOC to look into the discrimination I described above. I understand that the EEOC must give the employer, union, or employment agency that I accuse of discrimination information about the charge, including my name. I also understand that the EEOC can only accept charges of job discrimination based on race, color, religion, sex, national origin, disability, age, genetic information, or retaliation for opposing discrimination.

Dawn L. L. Hlejohn  
Signature

10/14/11  
Today's Date

PRIVACY ACT STATEMENT: This form is covered by the Privacy Act of 1974: Public Law 93-579. Authority for requesting personal data and the uses thereof are:

- 1) FORM NUMBER/TITLE/DATE. EEOC Intake Questionnaire (9/20/08).
- 2) AUTHORITY. 42 U.S.C. § 2000e-5(b), 29 U.S.C. § 211, 29 U.S.C. § 626, 42 U.S.C. 12117(a).
- 3) PRINCIPAL PURPOSE. The purpose of this questionnaire is to solicit information about claims of employment discrimination, determine whether the EEOC has jurisdiction over those claims, and provide charge filing counseling, as appropriate. Consistent with 29 CFR 1601.12(b) and 29 CFR 1626.8(c), this questionnaire may serve as a charge if it meets the elements of a charge.
- 4) ROUTINE USES. EEOC may disclose information from this form to other state, local and federal agencies as appropriate or necessary to carry out the Commission's functions, or if EEOC becomes aware of a civil or criminal law violation. EEOC may also disclose information to respondents in litigation, to congressional offices in response to inquiries from parties to the charge, to disciplinary committees investigating complaints against attorneys representing the parties to the charge, or to federal agencies inquiring about hiring or security clearance matters.
- 5) WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL FOR NOT PROVIDING INFORMATION. Providing this information is voluntary but the failure to do so may hamper the Commission's investigation of a charge. It is not mandatory that this form be used to provide the requested information.

**Dawn F. Littlejohn**

**6. Why do you believe actions these discriminatory?**

I believe that Amy Baker (agent of ACS) subjected me to differential terms and conditions of employment because of my race and color. These differential terms and conditions of employment include, but not limited to:

- Failure to reassign me to position for which I was suitably and well qualified. I am a professional with close to 22 years of experience and have held managerial roles for most of that time.
- Incessant harassment and degrading speech not experienced by similarly situated white employees
- Retaliation for complaining about common ACS practices and for another worker filing a complaint
- On May 13, 2011 I was demoted from admin Staff Analyst M1 to Admin Staff Analyst (NM) and replaced by a white female.
- I was harassed and subjected to a hostile work environment in that I was deliberately frozen out and excluded from all deliberations, meetings and responsibilities to which I would ordinarily have been a participant: and to which my white EEO counterpart in ACS are routinely invited.
- Since March 13, 2011 in order to further humiliate and publically embarrass me, Ms. Baker chose not only to strip me of my managerial title (something she would not have done to similarly situated white) but to relegate me to performing the most menial tasks and clerical tasks.
- I believe that these actions were taken to eventually strip me of my pay level that I worked so very hard to attain.
- At all relevant times, Ms Baker has maintained a practice and pattern of unlawful discrimination on the basis of race and color towards me.
- Behavior unlawful and in violation of Plaintiffs rights under Federal, State and local laws, such as New York City Human rights Law and NY State Human Rights Law



CP Enclosure with EEOC Form 5 (11/09)

**PRIVACY ACT STATEMENT:** Under the Privacy Act of 1974, Pub. Law 93-579, authority to request personal data and its uses are:

- 1. FORM NUMBER/TITLE/DATE.** EEOC Form 5, Charge of Discrimination (11/09).
- 2. AUTHORITY.** 42 U.S.C. 2000e-5(b), 29 U.S.C. 211, 29 U.S.C. 626, 42 U.S.C. 12117, 42 U.S.C. 2000ff-6.
- 3. PRINCIPAL PURPOSES.** The purposes of a charge, taken on this form or otherwise reduced to writing (whether later recorded on this form or not) are, as applicable under the EEOC anti-discrimination statutes (EEOC statutes), to preserve private suit rights under the EEOC statutes, to invoke the EEOC's jurisdiction and, where dual-filing or referral arrangements exist, to begin state or local proceedings.
- 4. ROUTINE USES.** This form is used to provide facts that may establish the existence of matters covered by the EEOC statutes (and as applicable, other federal, state or local laws). Information given will be used by staff to guide its mediation and investigation efforts and, as applicable, to determine, conciliate and litigate claims of unlawful discrimination. This form may be presented to or disclosed to other federal, state or local agencies as appropriate or necessary in carrying out EEOC's functions. A copy of this charge will ordinarily be sent to the respondent organization against which the charge is made.
- 5. WHETHER DISCLOSURE IS MANDATORY; EFFECT OF NOT GIVING INFORMATION.** Charges must be reduced to writing and should identify the charging party and respondent and the actions or policies complained of. Without a written charge, EEOC will ordinarily not act on the complaint. Charges under Title VII, ADA or GINA must be sworn to or affirmed (either by using this form or by presenting a notarized statement or unsworn declaration under penalty of perjury); charges under the ADEA should ordinarily be signed. Charges may be clarified or amplified later by amendment. It is not mandatory that this form be used to make a charge.

#### NOTICE OF RIGHT TO REQUEST SUBSTANTIAL WEIGHT REVIEW

Charges filed at a state or local Fair Employment Practices Agency (FEPA) that dual-files charges with EEOC will ordinarily be handled first by the FEPA. Some charges filed at EEOC may also be first handled by a FEPA under worksharing agreements. You will be told which agency will handle your charge. When the FEPA is the first to handle the charge, it will notify you of its final resolution of the matter. Then, if you wish EEOC to give Substantial Weight Review to the FEPA's final findings, you must ask us in writing to do so within 15 days of your receipt of its findings. Otherwise, we will ordinarily adopt the FEPA's finding and close our file on the charge.

#### NOTICE OF NON-RETALIATION REQUIREMENTS

Please **notify** EEOC or the state or local agency where you filed your charge **if retaliation is taken against you or others** who oppose discrimination or cooperate in any investigation or lawsuit concerning this charge. Under Section 704(a) of Title VII, Section 4(d) of the ADEA, Section 503(a) of the ADA and Section 207(f) of GINA, it is unlawful for an *employer* to discriminate against present or former employees or job applicants, for an *employment agency* to discriminate against anyone, or for a *union* to discriminate against its members or membership applicants, because they have opposed any practice made unlawful by the statutes, or because they have made a charge, testified, assisted, or participated in any manner in an investigation, proceeding, or hearing under the laws. The Equal Pay Act has similar provisions and Section 503(b) of the ADA prohibits coercion, intimidation, threats or interference with anyone for exercising or enjoying, or aiding or encouraging others in their exercise or enjoyment of, rights under the Act.